Q. Are there tips for Sjögren’s patients who get frequent sinus infections?

A. Yes! There are tips! Much is written and understood about the dry eyes and dry mouth of Sjögren’s syndrome. Much less is written and understood about the accompanying dry nose and throat. Did you know that the lacrimal glands, which drain secretions from each inner corner of the eyes opens inside each outer wall of the nose, close to the front of the nose? The dry eyes and dry nose are ever-so-closely related – at least in anatomy!

Until more is understood about how and why the nose becomes dry in people who have Sjögren’s, the best advice we have is the same advice given to all people with dry noses, whether from dry cold winter air, overzealous nasal or sinus surgery, radiation therapy, drug side effect, or other autoimmune disorders involving decreased or altered mucus secretion: when it is dry, wet it!

Preventing a sinus infection is much easier than clearing it once it has become chronic. Keep the nose moist in order to avoid developing nasal crusting that can block tear ducts and sinus drainage pathways. Ways to wet the nose include the use of salt water nasal sprays; salt water nasal gels; nasal emollient drops; isotonic salt water nasal irrigations; table-top steam inhalers; room humidifiers; airway moisturizing pills, such as guaifenesin; and hydrating beverages. Be sure to apply these avoidance measures in ways that keep the sources of saline and water free of germs. Avoid dehydrating agents like antihistamines, water pills, caffeine, and nicotine. Wear a face mask or face scarf when in dusty or grossly air polluted areas.

Do as much as you can to avoid catching colds and influenza (flu). Take the influenza vaccine unless advised not to by a knowledgeable provider. Even in this age of “going green,” it is best to use throwaway tissues rather than cloth handkerchiefs to prevent giving yourself your own germs again and again. Practice frequent hand washing or use instant hand sanitizers when you do not have easy access to soap and running water. Cleanse your hands after handling money, before and after using the restroom, and just before eating.

Seek prompt medical attention if you develop signs and symptoms of an acute or chronic sinus infection. If antibiotics are prescribed, be sure to take them exactly as directed unless you develop side-effects or an allergic reaction to them. Antibiotics for sinus infections work best when taken along with decongestants (e.g., phenyl ephrine spray or pseudoephedrine pills) and mucolytics (e.g., guaifenesin) in order to help the infected mucus to drain. Never stop taking a course of antibiotics early, just because you are feeling improved and never try to stretch your dollars by saving part of a prescription to take the next time you have symptoms. Germs treated with too small a dose or too short a course of antibiotics can learn to become resistant or to “outsmart” the antibiotic.

If a sinus infection becomes chronic or difficult to clear, seek an appointment with an ear, nose and throat (ENT) specialist to be evaluated for an abnormality of the structure and/or lining of the nose and to have a deep nasal culture to identify the infecting
germ(s). An ENT specialist can best advise you about any emerging therapies, and ENT doctors can perform nasal or sinus surgery if needed.

Above all, develop a relationship with a team of healthcare professionals who are attentive to your needs and concerns and who communicate well with you and with each other!

~ Susan F. Rudy, MSN, CS-FNP, CORLN

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